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SL 13505

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

18839

STATE FILE NUMBER

4778

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND. ST. LOUIS, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL Length of stay in 1b 19 DAYS				4. STREET ADDRESS (If outside, give location) 5122 PAGE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First SIDNEY Middle HUDSON Last				4. DATE OF DEATH Month 5 Day 18 Year 57			
5. SEX 2 MALE		6. COLOR OR RACE NEGRO		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12-21-1893	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFER		100. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) BEECH BLUFF TENNESSEE				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME JOE HUDSON				14. MOTHER'S MAIDEN NAME DONNIE PALE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES WWI (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. 366-09-0690		17. INFORMANT Address MISSOURI VA HOSP. RECORDS. 915N. GRAND. ST. LOUIS,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of pancreas with widespread metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 157x						INTERVAL BETWEEN ONSET AND DEATH UNK.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 4-30-57 to 5-18-57 and last saw him live on 5-18-57 Death occurred at 1:50 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R. W. BURMEISTER (Degree or title) M. D.			22b. ADDRESS VAH. ST. LOUIS, MISSOURI			22c. DATE SIGNED 5-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) 5-24		23b. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
24. FUNERAL DIRECTOR Dr. J. Watson ADDRESS 2769 Cherokee			25. DATE RECD. BY LOCAL REG. MAY 21 '57		26. REGISTRAR'S SIGNATURE J. Carl Smith		

(Licensed Embalmer's Statement on Reverse Side)

12-21-1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 26

P. O. Address 2769 C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.